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	•
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
· ·	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: SP Immigration Service	es, LLC
<u> </u>	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
0: : 1	
Sisi Perez	Name of Person
	Name of Person
	Firm/Company
9630 SW 146 CT	
	Address
M	
Miami, FL 33186	Character of The Co. L.
	ty/State and Zip Code
sisi@istaxoffice.com E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	·
7 or lattice information concerning this matter, pleas	e can.
Sisi Perez	at (786) 712-7630
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
_	
\$125.00 Filing Fee \$\sqrt{\sq}}}}}}}}}} \scrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqrt{\sq}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sq}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SP Immigration Services, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
,	
Principal Office Address:	Mailing Address:
7333 Coral Way	7333 Coral Way
Suite 239	Suite 239
Miami, FL 33155	Miami, FL 33155
	Sant de (a
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register	red Agent. You must designate an individual or another
business entity with an active Florida registration.)	5 . 9
The name and the Florida street address of the re	
Sisi Perez	

Name

9630 SW 146 CT

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33186 City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Sisi Perez 9630 SW 146 CT Miami, FL 33186
(Use attachment if necessary)	
	the date of filing: 04/04/2011 (OPTIONAL) be specific and cannot be more than five business days processes.
REQUIRED SIGNATURE:	Der or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
	per or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee